

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16484

FILED APR 29 1953

State File No. \_\_\_\_\_  
Registrar's No. 1058

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>1058</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		c. CITY OR TOWN <u>Kirkwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryhurst Normal</u>				e. STREET ADDRESS (If rural, give location) <u>1101 S. Kirkwood Lindbergh</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Brother William</u>		b. (Middle) _____		c. (Last) <u>Ernst</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 12 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>9 30 1868</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Society of Mary</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rochester, New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Lawrence Ernst</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Caspar</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bro. Louis Meinhardt (Director) 1101 S. Kirkwood 32 Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old age infirmities--heart failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>2-4-1953</u> to <u>4-11-1953</u> that I last saw the deceased alive on <u>4-11-1953</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. D. Stalzel M.D.</u>		23b. ADDRESS <u>102 W. Adams</u>		23c. DATE SIGNED <u>4-13-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>April 14, '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maryhurst Normal</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood (22) MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-13-53</u>		REGISTRAR'S SIGNATURE <u>Hebert R. Douthett M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hofmeister Colonial Mortuary 6464 Chippewa St. Louis, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4003

Dr. Staelzle  
Dv. <sup>as</sup> 8 arms

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Linus C. Hoffmann* .....

Licensed Embalmer No. *3871* .....

P. O. Address *7814 S. B.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.